COPY SELECTION OF THE

09 OCT | L PH 4: 07

Designation of Treasurer Prescribed by Secretary of State 5/05

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All Committees ONS	A CONTRACTOR OF THE PARTY OF TH	M. F.	,			N. S.		13 44 K	
Full Name of Committee	•				····	7 > 3/m	* ***	Ť	
BEATTY FOR JUDGE									
Street Address	Telephone Num		E-Mail Addr						
65 E. State Street, Suite 1800									
City Columbus	State	Zip Code		FAX Number				Ì	
Full Name of Treasurer	OH	43215		614-464	-2034	 		_	
Jeffrey D. Porter									
Street Address	Telephone Num	ber	E-Mail Addr	ess				_	
65 E. State Street, Suite 1800		4-462-5418		@keglerbr	own co	m			
City	State	Zıp Code	11	FAX Number		· · · · · · · · · · · · · · · · · · ·	·	\neg	
Columbus	ОН	43215		614-464					
Full Name of Deputy Treasurer (if any)									
Diane Lazor	I							_	
Street Address	Telephone Num		E-Mail Addr						
_65 E. State St., Suite 1800	614-4	62-5400 x246	Ld1azoı	Gkegle FAX Numbe	rbrow	m.com			
Columbus	State OH	Zip Code 43215		rAX Numbe	r 1 <i>4–46</i>	4-2634			
	* \	· · · · · · · · · · · · · · · · · · ·			<u> </u>	, <u>2034</u>	, **.	×.0	
Candidate's Campaign Comm	ittees (niy		, ~			* 1	, * ² , 3	
Full Name of Candidate					_	ndent/Non-Part	isan		
Laurel A Beatty Democratic Street Address Suight Subdivision District								_	
268 E. Gates St.	Office Sought	Pleas Judge		Subdivision/		vint-			
City	State	Zip Code		Franklin County Election Year					
Columbus	OH	43206		2010	ш				
Signature of Candidate		ate		2010					
Lamel Beatly		10:5.09							
Political Action Committees C	Dnly		N 5		\$ 13.00.54			1	
Is the PAC sponsored by a labor If Yes, name the sponsor			************		Acronym	, if any			
organization or corporation?					ĺ				
No Yes				T	<u> </u>				
PAC Registration Number Authorized Signature		Date		List any affil	nated PAC	S			
Dalitical Danies Date Carlo	1201			ı					
Political Parties, Political Con	tributin	g Entitles,	· · · · · · · · · · · · · · · · · · ·						
Or I originative Commoion Even	de O-1-		7	l					
Or Legislative Campaign Fun			· %						
Authorized Signature	D	ate		Ballot Isue		C) 17 C	=		
					Yes	No 9			
\cap								• 1	
Un UX hu			0-5-	09		哥们	3 ;	1 Tr (*)	
Signature of Treasurer		Date		<u> </u>				ę.	
Confidential of Headures		Date	=					Ϊ.	
Reason(s) for filing this form							- · (# 1	
Original Designation of Treasurer/Acknowle	edgement of	Appointment					.5		
Designation of new Treasurer/Acknowledge	ement of Ap	pointment					<u>2</u>		
Designation or change of Deputy Treasurer	·					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Change of Address for									
Change of Committee name The previous na									
Change of filing location The previous location		 							
The new location is Change of office sought from		- In					·		
Other Please explain		to							

Prescribed by Secretary of State 3/05

Full Name of Committee										Registrat	non Num	ber, if PA	С
BEATTY FOR	JUDG	E											
Full Name of Candidate													
Laurel A. Beat	tty												
Street Address							Office Soug	ght				District	
268 E. Gates St.							Com	mon	Plea	s Judg	ge	Fra	nklın Co.
City							•		St	ate	Zıp Code	;	
Columbus									0	H	432	06	
	i											х	Annual Year
গ্ৰিয়ন্ত কৰিবলৈ	ŀ	Pre-Prima	ту		Post-Primary		Pre-General			Post-Ger	neral	~	2009
লুচান্তৰ মি কে পৰা ভাগে কৰিবলৈ	i	July			August		September						Semiannual
1977-9)		Monthly			Monthly		Monthly			Termina	bon		
Amended Report?			Report Electr	onically f	filed?				ı	Ŋ	1)	Y
☐ Yes 〔	☑ No	:	□ Y	'es	□ No	ট্রাচন্ত্র	Heaton						

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required at a post-primary or post-general period, if above statement applies See R C 3517 10(H) for details

I. Amount brought രാഗ്വൻ ദിവധില്ലെ ആശ്	\$ 0.00		
Ps. দ্বিবামী অভ্যান্তৰক্ষান্ত ভেলাক্ষাত্মান্তৰ্ভিক্তনাধীনক্ষমানীত, ইটি-(AS)	\$ 		
3. මගත් රෝස රාලකය (මාගෝමිකකා Mo විදු/\<2)	\$ 700.00		
s. Terd furth ැත්සර ලෝසා ලෝස්සය (, 2, 3)	\$ 700.0 0 -	10 -	
S. Pari സ്ഥര്ഷ്യം ആണ്ടിയരും(Ramifermide), (III-19)	\$ ට් 681.25	10 JAN 22	* "3"
ර Belones හා බහල්(ලිබ්ල 4 හැබ්ලල (besේ))	\$ 18.5	22 F	Surak.
7. Valus of link in the contributions reserved (Frem Form No. 31-4-11)	\$ ĊΝ	PH 2:	in.
हैं. Velte: वर्गीव्यक्तित क्यांकीमध्यकानावर्क (मिकामधिकार मिक्र	\$ N.C.	56	
9. Outstanding death over they committee (From Form Mrs. 392C)	\$ 700.00		
10. Ontending delin overllip compilies (Frankform No. 3)(-N)	\$		
11). (Augustuding heurs overthe semunities (Fremhörem No. 31433)	\$ 		
🎉 Valus of Independence confluence and specific (Promitoria) No. 304Va)	\$ 		
18. For Newton's Ming Builds only Sumofilius 2, 7 and smount of any new decrement valuations and	\$ 		

THE INFORMATION O	CONTAINED	IN THIS REPORT IS MADE UND	ER THE PENAL)	Y OF ELECTION FALSIFICATION. V	VHOEVER
COMMITS ELECTION	FALSIFICA PORTÉ	ATION IS GUILTY OF A FELONY K. TREASURGE	OF THE FIFTH D	EGREE	1-09-1
Print Name and Title (Tre	asurer and De	puty Treasurer only)	Signature	001	Date
Contribution		Expenditure	71 /	Other	Total
pages	1	pages1	. \	pages 2	pages 4

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Page	_

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full								
BEATTY FOR JUDGE								
Full Name				Registra	tion Nun	iber, if P.	AC	
Laurel A. Beatty				ł				
Address	Тур			M	D	Y	Amount	
I 268 E Cates St	L	N		$1 \mid 0$			1	500.00
City	Sta	ate	Zıp Code		ash,Chec			
Columbus	lo	H	43206		checl	Κ.		
Full Name				Registra	tion Nun	ber, if P	AC	
Laurel A. Beatty Address								
Address	Тур	*		M	D	Y	Amount	
268 E. Gates St.	Т. ∫	N		1 0	2 2	0 9		100.00
City	Sta	ate	Zıp Code	Form(C	ash,Chec	k,etc)		
Columbus	၂ ဂ ၂	Η	43206		checl	ς.		
Full Name				Registra	tion Nun	ber, if P	AC	
Laurel A. Beatty								
Address	Туре	*		М	D	Y	Amount	
268 E. Gates St.	т.	N		1 1	3 0	0 9		100.00
City	Sta		Zıp Code		ash,Checl			
Columbus		Н	43206		checl			
Full Name					tion Nun		AC	
				`				
Address	Туре	*		М	D	Y	Amount	
	''			1		1		
City	Sta	ıte	Zip Code	Form(C	sh,Checl	k.etc)		
	l				,	,,		
Full Name			<u> </u>	Registra	tion Num	ber, if P	AC	
						,		
Address	Туре	.*		М	D	Y	Amount	
				1	1			
City	Sta	ite	Zıp Code	Form(C	ash,Checl	c etc)		
City			Lip code	l' omic	1311, C11001	.,,		
Full Name	1			Registra	tion Num	her if P	AC	
A MAI A TOLLAG				I Consula	4011 11411	1001, 11 1 2		
Address	Туре			M	D	Y	Amount	
Vomess	1 ypc	,		IVI		l 'i	Amount	
City			Z Code	F=- (C	1 (1-1)			
City	Sta	ite	Zıp Code	rom(C	ash,Checl	c,etc)		
	L							
Full Name				Registra	tion Num	ber, if P	AC	
Address	Туре	*		М	P	Y	Amount	
				ļ. <u></u>	<u> </u>	Щ		
City	Sta	ite	Zip Code	Form(Ca	sh,Checl	c,etc)		
Full Name				Registra	tion Num	ber, if Pa	AC	
Address	Туре	*		M	D	Y	Amount	
							1	
Cıty	Sta	ite	Zıp Code	Form(Ca	sh,Checl	c,etc)		
* Diago the two letter code or the Time block (one letter new covers) which		41 4	Cd. Od. I	DE C		1 . 1	-114	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received, RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

SA for the sale of committee assets, or LN for payments received on a loan made

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full BEATTY FOR JUDGE							
To Whom Paid			М	l D	Y	Amount	
Annie Marsico				2 2			146.25
Address	Purpose			1 - 1			
2268 Waters Edge Blvd.	Reimbu	rsement for palm car	ds				
City	State	Zıp Code	Check h	Vumber			
Columbus	$ \cap H$	43209	4	92			
To Whom Paid			М	D	Y	Amount	
Blue Utopia Technology			1 0	2 0	0 9		400.00
Address	Purpose						
PO Box 4486	Technol	logy Setup Fee					
City	State	Zip Code	Check N	Number			
Seattle	$ \mathbf{w} \mathbf{A}$	98194	el	lectro	nıc		
To Whom Paid			М	D	Y	Amount	
Blue Utopia			1 0	3 0	0 9		45.00
Address	Purpose						
PO Box 4486	Novem	ber 2009 monthly fee					
City	State	Zıp Code	Check N				
Seattle	$\mathbf{w} \mid \mathbf{A}$	98194	el	lectro	nic		
To Whom Paid			M	D	Ŷ	Amount	
Blue Utopia			1 2	0 1	0 9		45.00
Address	Purpose						
PO Box 4486		er 2009 monthly fee				_	
City	State	Zip Code	Check N				
Seattle	w A	98194		ectro			
To Whom Paid			М	D	Y	Amount	4= 00
Blue Utopia	<u></u>	· · · · · · · · · · · · · · · · · · ·	1 2	3 1	0 9	<u> </u>	45.00
Address	Purpose	2010 111 6					
PO Box 4486		2010 monthly fee	01.13			1	
City Seattle	State	Zip Code	Check N		_:_		
To Whom Paid	W A	98194		ectro	_		
10 w nom Faid			M	D	Y	Amount	
Address	Purpose					<u> </u>	
City	State	Zıp Code	Check N	lumber			
		1					
To Whom Paid	•		М	D	Y	Amount	
Address	Purpose						
City	State	Zıp Code	Check N	lumber			
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
0.5.	-	170.1.	Tobas S				
City	State	Zıp Code	Check N	umber			
	1	4	l l				

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Statement of Loans Received

Full Name of Commutate BEATTY FOR JUDGE From Whom Received Laurel Beatty Address 268 E Gates St. City Columbus OI H 43206 Date M D Y S Amount Date Provements This Period Amount Date Provements This Period Amount Date Amount Date Provements This Period Amount Date Amount Date Provements This Period Date Provements This Period Date Provements This Period Date Date Provements This Period Date Date Provements This Period Date Date Provements This Period Date Date Provements This Period Date Date Date Date Date Date Date Date	Prescribed by Secretary of State3/05											
From Whom Received Laurel Beatty And Incurred this Period Columbus Sale And D Y Sale And Sale And Sale And Sale And D Y And D Y And D Y And Incurred this Period Outstanding Balance Columbus Olit 43206 Date And D And D Y Sale And Sale An												
Address 268 E Gates St. City Columbus O H 43206 Date State St. City Columbus O H 43206 Date Amount Date Amount Date State St. City Columbus O H 43206 Date Amount Date Amount Date State St. City Columbus O H 43206 Date Amount Date Amount Date Amount Date State St. City Columbus O H 43206 Date Amount Date Amount Date State St. City Columbus O H 43206 Date Amount Date Amount Date State St. City Columbus O H 43206 Date Amount Date Amount Date Amount Date Amount Date Amount Date Amount Date M H D Y S S Date State St. City Columbus O H 43206 Date Amount Date Amount Date M H D Y S S Date State St. City Columbus Date State St. City Colu	From Whom Received					• •		Prior	Amoun	ì		Amt Incurred this Period
Columbus O H 43206 Date Amount Date Date Amount Date Date Amount Date Date Amount Date Date Amount Date D	Address						,					_
Reguration Number, if PAC Employer/Occupation/Labor Organization* M D Y State Columbus Payments This Period Date Amount Date Amount Ami Incurred this Penod Laurel Beatty Address 268 E. Gates St. City City City City City Columbus M D Y			Loa		ed This	Period	Amount			Date	•	
Employer/Occupation/Labor Organization* M D Y M D Y Ant Incurred this Period Laurel Beatty Address 268 E. Gates St. City Columbus O H 43206 Date Amount Date Amount Date Amount Date Amount Date Amount Date Amount Ant Incurred this Period Date Amount Amount Ant Incurred this Period Date Amount Date Date Date Amount Date Date Amount Date Date Date Amount Date Dat		_	М	D	Y	\$	500		I		Y	S
From Whom Received Laurel Beatty Address 268 E. Gates St. City Columbus O H 43206 Date Amount Payments This Period Amount Date Amount Payments This Period Amount Amt Incurred this Period Date Amount Payments This Period Amount Date Amount Payments This Period Amount Amt Incurred this Period Amount Payments This Period Amount Amt Incurred this Period Amount Date Amount Amt Incurred this Period Amount Date Columbus O H 43206 Columbus O H 43206 Columbus O H 43206 Date Amount Date Amount Amt Incurred this Period Amount Date Amount Amt Incurred this Period Amount Date Amount Da	Registration Number, if PAC		М	D 	Y			M	I) 	Y 	
Laurel Beatty Address 268 E. Gates St. City Columbus O H 43206 Date Date Amount Date Date Date Date Date Date Date Dat	Employer/Occupation/Labor Organization*		М	D 	Y			M	I) 	Y 	
268 E. Gates St. City Columbus Date Amount Date Date Amount Date Date Date Date Date Date Date Dat								Prior	Amoun	;		Amt Incurred this Period
Columbus OH 43206 Date Amount Date Da												
Registration Number, if PAC M	1 '		Loa		ed This	Period	Amount			Date	•	
Employer/Occupation/Labor Organization* M D Y M D Y Ant Incurred this Period Laurel Beatty Address 268 E Gates St. City Columbus O H 43206 Date Amount Date Date Amount Date Date Date Date Date Date Amount Date Date Date Date Date Date Amount Date Amount Date			М	D	Y 	\$	100		I	<u> </u>	Y 	\$
From Whom Received Laurel Beatty Address 268 E Gates St. City Columbus O H 43206 Date Amount Date Amount Date Amount Date Amount Date Amount Date Amount Payments Thus Period Amount Date Amount Da	Registration Number, if PAC		М	D 	Y			M	I	<u>, </u>	Y	
Laurel Beatty Address 268 E Gates St. City Columbus O H 43206 Date Amount D	Employer/Occupation/Labor Organization*		М	D	Ý			М	I		Y	
Address 268 E Gates St. City Columbus O H 43206 Date Amount Date Amount Date Amount Date Amount Date Amount Date Amount		,						Prior	Amoun	:		Amt Incurred this Period
Columbus O H 43206 Date Amount Date Amount Date Amount Date Amount Date Amount Date Amount Date Date Amount Date Date Date Amount Date	Address											
Parce to the Date of Spirally M D Y M D Y S Registration Number, if PAC M D Y M D Y Employer/Occupation/Labor Organization* M D Y Required for contributions over \$100 to statewide and general assembly candidates If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear R C 3517 10(B)(4) If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2)	1 · · · · · · · · · · · · · · · · · · ·		Loa		ed This	Period	Amount			Date	Pay	
Registration Number, if PAC M D Y Employer/Occupation/Labor Organization* M D Y M D Y M D Y M D Y If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space Transfer total of all loans received this period to the Statement of Other Income (Form No 31-A-2)			М	D	Y	s	100	М	I	2	¥	\$
* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear R C 3517 10(B)(4). If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2).			M	D	Y			М	I	,	Y	
If any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear R C 3517 10(B)(4). If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2).	Employer/Occupation/Labor Organization*		М	D	Y			М	I		Y	
0.00												
Total prior amount \$ 0.00	1 Total prior amount \$											

Total prior amount \$	0.00
Total received this period \$	700.00 (To Form No 31-A-2)
Total Payments this Period \$	0.00 (also record on Form 31-B)
Total Outstanding Balance \$	700.00 (To Form No 30-A)